

State of Michigan
Department of Consumer & Industry Services
Michigan Automated Prescription System (MAPS)
P.O. Box 30202, Lansing, Michigan 48909

Phone: 517/373-1737 Fax: 517/636-6449 Email: Mapsinfo@michigan.gov

REQUEST FOR MAPS REPORT – Law Enforcement/Government Agency/Other

Practitioner or Patient Full Name: _____

First

M.I.

Last

Address: _____

City/State/Zip: _____

Date of Birth: _____

MI License #: _____

(if applicable)

DEA #: _____

(if applicable)

SSN or Driver's License Number (if applicable): _____

Aliases and Other Addresses (if known): _____

Report Period Requested From: _____

to

Date

Date

Provide a brief summary of the facts and circumstances under which you are requesting information regarding this practitioner or patient.

(If you need additional space, please continue on the reverse side of this form.)

Agency Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

FAX Number: _____

Authorized Individual Name (print): _____

Signature of Authorized Individual: _____

I certify that this information shall be used only for bona fide drug-related criminal investigatory or evidentiary purposes; or for the investigatory or evidentiary purposes in connection with the functions of a disciplinary subcommittee of one or more of the licensing or registration boards created under Article 15. I shall not provide this information to any other person or entity except by order of a court of competent jurisdiction.

For Department of Consumer & Industry Services use only:

Approved: ☐ Yes

☐ No

Signature _____

Date _____